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CRISIS IN CARE: A Report of the CNA Study Group

March 2001

"Eight out of every ten hours of paid care received by a long-term care client is provided by a "direct care" paraprofessional—a home health aide, personal care attendant, or certified nursing assistant."

Direct-Care Health Workers: The Unnecessary Crisis in Long-Term Care

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Executive Summary

RI nursing homes are in the midst of a direct care staffing crisis particularly among certified nursing assistants (CNAs). The ***Direct Care Task Force Report*** provided dramatic evidence of the severity of the crisis -- an increase in the CNA vacancy rate from 5% in 1997 to 11.8% in 1999 and in the turnover rate from 59.2% in 1997 to 82.6% in 1999. A sustained period of low employment in RI is exacerbating the problem. We are not unique in facing this crisis. Surveys show 40 states are attempting to address inadequate staffing levels in some manner.

High staff turnover and vacancy rates impair quality of resident care; increase provider costs for temporary help and for recruitment and orientation costs; and lead to worker stress, frustration and potential for injury.

Projections are that, at a minimum, an additional 567 CNAs (new or reactivated) need to be recruited into the field each year for the next seven years to meet the anticipated increase in demand. Rhode Island has the third highest percent of persons age 65 and over in the country. The aging of the baby boomers coupled with the growth in persons age 85 and over, who have significantly higher care needs, will worsen the direct care staffing crisis if we fail to act now.

In Rhode Island, CNAs must complete a training program of at least 100 hours and pass a state-administered test. They care for dependent and vulnerable elders and persons with disabilities helping to bathe, feed, toilet, dress, groom, ambulate and encourage those who

cannot do these things for themselves. The work is demanding, challenging and frequently emotionally draining; yet average wage rates are low. Average starting wage rates among private providers range from $7.00 to $8.60 per hour with recent CNA graduates earning starting salaries of $8.09 per hour in nursing homes. Starting salary for state-employed CNAs is $11.93 per hour.

In addition to the low monetary rewards, CNAs often feel their work is unappreciated, that they are not treated with the respect they deserve and that there is much room for improvement in their workplace environment.

While the problem of recruitment and retention of CNAs affects all long-term care providers, the problem is most severe for nursing homes because they employ the greatest numbers of CNAs and rely so significantly on Medicaid for revenue.

Recruiting and retaining CNAs requires a comprehensive strategy. This report contains a ten-step set of recommendations to implement such a strategy. Increasing wages to a competitive level so that the CNA position becomes an attractive economic choice is the first step. Other components of the strategy include:

- improving the CNA workforce environment by encouraging the demonstration and dissemination of "best practice" programs,
- expanding and coordinating training opportunities including tuition assistance,
- creating a database on CNA employment issues, and
- addressing barriers such as language or cultural issues and lack of child care.

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Introduction

In October 2000, Council Chairman, Lt. Gov. Charles J. Fogarty, directed the formation of a CNA Study Group to examine the issue of CNA recruitment and retention in nursing homes as well as in other sectors of the long-term care industry. He charged the Study Group with developing recommendations, including non-monetary recommendations, to improve CNA recruitment and retention. The Study Group held a series of seven fact-finding meetings between October 2000 and February 2001 and reviewed research reports from national and state sources. Below is a list of Study Group members.

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Ruth Ricciarelli	Hospital Association of RI
Kelly Lee	RI Adult Day Services Association
Al Santos	RI Health Care Association
Sheila Sousa	RI Association of Facilities and Services for the Aged

It should be noted that the difficulties in recruiting and retaining CNAs is part of a larger health workforce shortage problem. On February 13th, the American Nurses Association reported to Congress that "America is experiencing a crisis in nurse staffing" with "an unprecedented nursing shortage." To address the issue in its more global context, the Governor's Advisory Council on Health (GACH) formed a Subcommittee on Nursing and Allied Health Workforce Issues. Recently the Subcommittee submitted a report to the GACH calling on the state to establish a strategy for predicting current and future health care workforce needs and identifying methods to meet those needs. To implement this recommendation, the Subcommittee called for the formation of a partnership between the Departments of Labor and Health, Institutions of Secondary and Higher Education, provider representatives/organizations and consumers. This Study Group is in full support of this recommendation.

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Problem Statement

Rhode Island nursing homes are experiencing a serious and growing direct care staffing crisis particularly among certified nursing assistants (CNAs). A report of the ***Direct Care Task Force***[1] published in April 2000 provides dramatic evidence of the proportions and severity of the crisis. The report showed an increase in the CNA vacancy rate from 5% in 1997 to 11.8% in 1999 and in the turnover rate from 59.2% in 1997 to 82.6% in 1999. This crisis in direct care staffing is not unique to our state. National surveys conducted by the Paraprofessional Healthcare Institute and the National Citizens' Coalition for Nursing Home Reform in 1999 and 2000 show that 40 states are attempting to address inadequate staffing levels in some manner. High rates of staff turnover and vacancy rates impair continuity and quality of resident care; increase provider costs paid to nursing pools for temporary help and for recruitment and orientation costs; cause a high rate of lost time due to injuries, and lead to worker stress, frustration and potential for injury.

In Rhode Island, CNAs must go through a training program of at least 100 hours and pass a state-administered test. They care for some of the most dependent and vulnerable of our citizens helping to bathe, feed, toilet, dress, groom, ambulate and encourage those who cannot do these things for themselves. We expect them to do this with a sense of caring and compassion and to treat their frail charges with the skill and dignity that we would want our parents and loved ones – and indeed ourselves – to be treated with. The work is demanding, often back-breaking, and frequently emotional when a resident or client's condition deteriorates or they pass away.

Despite the demands and challenges of the work, average wage rates are low and most facilities offer few or no retirement benefits. Surveys of providers conducted as part of this report found average starting wage rates among private providers ranging from $7.00 (adult day service provider) to $8.60 (hospital) per hour. Recent CNA graduates report starting salaries of $8.09 in nursing homes. A salary of $16,000 to $19,000 represents only slightly more than half of the 1999 RI median wage of $30,832 and about two-thirds of 1998 per capita personal income $27,797[2]. To put CNA wages in another light, in 2000 the Poverty Institute at the RI College School of Social Work determined a RI Standard of Need for a three person family including a single parent with two children. According to this model, a worker would need to obtain an hourly wage of $19.30 per hour to meet her family's basic needs.

In addition to the low monetary rewards, studies show that CNAs feel that their work is unappreciated, that they are not treated with the respect that they deserve and that there is much room for improvement in their workplace environment. A state survey of CNAs conducted for the Direct Care Task Force report asked CNAs, "What do health care facilities need to know about your personal and career needs?" A sample of the responses is listed below. (See Appendix I for a broader sample of Rhode Island CNA comments taken from an industry-sponsored survey conducted in the spring of 2000.)

- Not enough programs for certification – cost for training is too high
- Thankless job – need respect from administration and supervisors because we don't always get it from patients
- Not enough staff – two aides can't take care of 32 patients- we don't have time to even say hello to patients
- Low wages – lack of reliable, dependable, honest workers - would not return to field unless there were major changes

- Staff the floors adequately – CNAs are forced to take shortcuts and then everyone suffers

A sustained period of low employment in RI (and elsewhere) brings with it significant opportunities for employment in less demanding service sector jobs such as retail and the fast-food restaurant industry. These jobs have no registration/licensing requirements, may not be as physically and emotionally demanding and often pay comparably or better. Clearly, this has exacerbated the problem in recruiting and retaining CNAs for the long-term care industry.

Rhode Island has the third highest percent of persons age 65 and over in the country. Moreover, persons age 85 and over – who are the most rapidly growing segment of the older population and who have the highest care needs – are anticipated to increase five-fold in the next 30 years indicating increasing demand for long-term care. Even with a future downturn in the economy, the challenge of staff recruitment and retention will continue. Unless we address the problem now, this "care gap" will only worsen.

For a number of reasons the problem of recruitment and retention of CNAs is most serious in the nursing home sector of the long-term care industry. Nursing homes provide the highest volume of formal long-term care and rely on Medicaid for a very high proportion of their revenue. In RI, between 75% and 80% of nursing home bed days are paid for by Medicaid. Several changes in state and federal reimbursement policy during the 1990's impacted nursing home finances. These included lowering the percentile cap for labor-related costs from the 90^{th} percentile to the 80th percentile in 1993, eliminating the COLA for Medicaid per diems in 1996, and the federal Balanced Budget Act of 1997 which changed Medicare to a prospective payment system and caused substantial revenue losses for many nursing facilities. It is noteworthy that 10.4 percent of Rhode Island nursing homes are in some type of receivership. These homes represent 15.3 percent of total nursing home beds. Many of the facilities in receivership have had a high usage of temp agency workers.

Providing quality care is labor intensive. A recent study from the Health Care Financing Administration clearly demonstrates the relationship between quality nursing home care and staffing. The study showed a minimum threshold level of aide staffing at 2.0 hours per resident day and the minimal nurse aide staff required to give optimal care in delivering five specific daily care services at 2.9 hours per resident day[3].

While the CNA staffing crisis is most acute in nursing homes, RI home care providers also experience difficulties with recruitment and retention of CNA staff. This has been addressed to some extent by rate increases of $1.50/hour in each of the last two fiscal years for state-subsidized home care services. However, several areas of the state – Aquidneck Island and South County – have chronic staff shortages for CNAs in home care agencies. Finding home care aides to work weekends and evenings is also difficult. Clearly, solutions posed for nursing homes will invariably have an effect on the entire long-term care service system and this must be taken into consideration as policy options are formulated.

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Findings

1. Where are CNA's employed and what are they paid?

According to HEALTH, as of 12/31/99 there were 12,256 certified nursing assistants (CNAs) with active registrations/licenses in Rhode Island. From 1990 through October 2, 2000, a total of 27,349 nursing assistant registrations/licenses were Issued. Over the past five years, the average number of active registrations has remained between 12,000 and 13,000; that is,

about 2000 become registered/licensed and 2,000 lapse. There are no data available on those CNAs whose registrations/licenses are not renewed. However, these individuals are clearly a source for recruitment back to the field if compensation were more competitive and workforce conditions improved.

Nursing Homes: RI has 106 licensed nursing facilities with 10,471 beds. Of the total CNA workforce, the largest percent are employed by nursing facilities which provide 24-hour care and are subject to strict regulations and monitoring to provide quality care outcomes. In nursing facilities, CNAs provide the bulk of direct patient care. Based on industry cost reports, 7.5 million hours of CNA care was provided in nursing homes in 1998. The figure for 1999 was comparable. No data was provided on the actual numbers of unduplicated CNAs employed or the percent of full vs. part-time. However, using a 40-hour work week for 50 weeks per year, this translates to 3,750 CNA FTE's.

Wages – An industry survey found the average starting wage for a CNA in a RI nursing home was $7.69 in 1999. While no new survey data is available, informal reports are that the average starting rate is now slightly above $8 per hour. This is consistent with surveys conducted by one Study Group member who operates a CNA training program. Her graduates reported average starting wages of $8.09 in April 2000.

Home Care: In RI, there are 51 licensed home nursing care providers and 27 licensed home care providers. Home care providers employ the 2nd largest percent of the CNA workforce. Based on data collected by HEALTH as part of its annual licensure renewal process, home care providers employed 2,678 CNAs. However, this is not an unduplicated count as an individual CNA may work for more than one home care agency. Of this number, 485 were full time; 1,178 part time and 1,015 per diem. The home care agencies reported 1,549,290 hours of care provided and 318,381 visits made.

Wages – The industry reports current average starting wages for non-Medicare agencies range between $7.50 - $8.50/hour and average starting rates for Medicare agencies as $9 - $10/hour.

Hospitals: Information provided by the Hospital Association of RI showed 823 (non-unduplicated) CNAs employed by the state's 10 community hospitals. This figure does not include Butler, Bradley or Eleanor Slater Hospitals.

Wages – The average starting rate for hospital employed CNAs was $8.60/hour and the reported average rate was $10.40.

Eleanor Slater Hospital: In the first week of February 2001, 408 CNAs were employed by the state operated Eleanor Slater Hospital. This number includes institutional attendants, psychiatric, at the adult psychiatric services unit. The average starting rate is $11. 93/hour, the average hourly rate is $13.15 and the turnover rate is 9%.

Assisted Living: In RI there are 62 licensed assisted living residences with 3,018 beds. Licensing provisions do not require assisted living residences to employ CNAs to provide personal care and services. There is a requirement for medication technicians to be employed if the residence provides assistance with the administration of medications. Frequently, these individuals are CNAs. Also, if a residence participates in the state Medicaid waiver program it must use CNAs to provide personal care. Based on an industry survey conducted in November 2000, an estimated 322 CNAs are employed in assisted living in the state. No information is available on hours of care provided or full or part time status.

Wages – As reported by the industry, the average starting rate in 2000 for CNAs in assisted living was $8.24 and the average rate was $8.74.

Adult Day Services: There are 18 licensed adult day programs in RI with a capacity to serve 606 participants. They collectively employ approximately 60 CNAs about a third of whom work 30 hours/week or less. Until last year, there was no licensing requirement for RI licensed adult day service programs to utilize CNAs. Now at least one licensed CNA must be employed and all new aides must either be licensed CNAs or complete a program assistant training program sponsored by the Adult Day Services Association and the Department of Elderly Affairs.

Wages – A survey conducted in early 2001 by the industry, showed hourly rates ranging from $7.00 to $9.56.

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2. Statewide Occupational Data

Department of Labor and Training labor market employment projections through 2008 show employment growth for nursing aides, orderlies and attendants as one of the fastest growing occupations (+2,073)[4]. Home health aides job growth will also increase (+779) as will personal/home care aides (+709). These growth increases are due to demand in nursing and personal care facilities.

Statewide occupational wage statistics from the 4th quarter of 1998 showed an estimated 8,710 persons employed as nursing assistants, orderlies and attendants and 2,470 as home health aides[5]. Wages for these categories are listed below. Data for 1999 are expected to be available in March 2001.

Nursing assistants, orderlies, attendants

Average entry $7.28

Mean $8.94

Home health aide

Average entry $7.51

Mean $9.02

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3. CNA Training and Registration Requirements

History of Legislation The federal OBRA 1987 legislation and its amendments mandate requirements for nursing assistant training and competency evaluation (testing), (NATCEP) and registration of Nursing Assistants in skilled nursing facilities. Curricula for Training Programs and testing criteria were established, to include at least 75 hours of training, 20 of them

clinical hours, under the supervision of a qualified Registered Nurse. OBRA provided for exemptions or "grandfathering" of practitioners. These exemptions to training and testing ended in 1992.

In 1987, Rhode Island enacted Chapter 23-17.9 of the General Laws requiring registration of nursing assistants upon completion of training and testing. The law allows the Health Director to establish, by regulation, different levels of nursing assistants. However, to date this has

not been done.

In 1990 Rules and Regulations were promulgated and the scope of practice of the Nursing Assistant was broadened to include all individuals providing nursing related care in all facilities licensed by the Department of Health per 23-17.9-3. Nursing Assistants Training and Competency Evaluation program requirements were expanded to provide additional training, to total l00 hours (20 clinical) for home health care and acute care settings. Most training programs in the state have voluntarily added 20 clinical hours on average for a total of 120 hours of training. About one third of the states go beyond the federal requirement of 75 hours of training with California, Maine and Oregon at the high end, requiring 150 hours. Copies of the Basic Curriculum for CNA training and a list of the duties of CNAs is contained in Appendices II and III.

Current requirements for CNA registration and renewal of license

Current requirements for successful completion of a competency evaluation consists of both a written and a clinical or skills component, administered by the state to those who complete an approved training program (100 hours including 20 clinical). HEALTH reports that about 85% of persons who take the competency test at the end of the educational component pass the test.

Maintenance of competency through inservices of 12 hours per year (federal requirement of employers) and evidence of employment as a nursing assistant in a health care facility during each two year renewal cycle (state and federal requirement) is required for registration renewal.

A break in employment of more than two years requires the nursing assistant to re-take the competency evaluation (state test) or a nursing assistant training and competency evaluation program.

Training Programs

There are a total of 89 programs certified to provide nursing assistant training in the state. Many of the facility-based programs are not currently active or serve as clinical sites only.

Grant-funded programs (non-proprietary) 3

New England Gerontology Academy

Central Directory of Nurses

People in PartnershipHealth Care Facility based programs 66Educational facilities 20

CCRI Vocational Schools

Only those programs operated by educational facilities are allowed to charge a fee for tuition. Facility-based programs and those operated with grant funds are not allowed to charge tuition. Persons completing CNA training who become employed by nursing facilities are usually reimbursed by the facility for the training cost after a six month period. In turn, the facility can seek reimbursement for these costs through the state formula used to reimburse nursing homes.

CCRI offers CNA training that consists of 120 hours (88 classroom and 32 clinical). About 14 persons are needed to offer a class. However, there is no permanent source of funding to operate the program. Funds come from the federal Carl Perkins Act, tuition fees and funds available to disadvantaged students. Normal tuition is $360. For disadvantaged persons in

training, the fee is $75. In 2000, 157 persons were in training and less than 8% did not complete the program.

There are three non-proprietary training programs which operate in conjunction with government agencies, hospitals, long-term care facilities and other community-based agencies. They consist of 120 classroom hours and internships ranging from 35 to 120 hours. Collectively, they trained 349 persons in 1999-2000.

The Family Independence Program (FIP) is one of the few sources of grant funds for CNA training that focuses on "welfare-to-work" recipients. These programs generally include a much higher number of training hours with specific content on job readiness skills. FIP participants are provided what amounts to tuition or training assistance and use it to pursue an individualized training program. The Department of Human Services reports that over the course of 15 months, 350 persons in welfare-to-work programs received CNA certification. The department reports that retention rates have been relatively good. Over an 18-month period starting in September 1998, they found a 70 percent retention rate.

Study Group members with experience assisting this population reported that lack of child care during non-business hours is a significant barrier for some single mothers. This impacts their ability to work in nursing homes on evening and night shifts and on weekends. While the state has one of the best child care subsidy programs in the country for low-income persons, few, if any, providers offer child care after seven p.m. or on weekends.

In-house programs conducted by long-term care facilities hire students at minimum wage who attend class once or twice a week and also work as staff on units. Facilities report that on average a class will begin with 6 to 8 students, graduate 4 and retain 2. Given the low post-training retention rate, this can be quite an expensive undertaking for the facility. Many facilities serve as clinical sites only. The 18 facilities that conducted trainings in 1999-2000 reported 290 graduates, but did not have information on the percent gaining certification/registration. There are four active training programs conducted by home care agencies and in 1999-2000 they trained 44 persons.

Complete data on numbers of persons completing CNA training programs at the secondary level in career/technical schools and adult education programs were not available for the 1999-2000 school year. In school year 1998-1999, a total of 319 persons completed CNA training; 46 at the secondary school level and 273 in adult education programs. Historical data for the secondary school level show the numbers of students completing CNA training has declined substantially over the past four school years from 164 persons in school year 1996-1997 to 50 persons in school year 1999-2000."

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4. National Perspective

As noted above, the problem of recruitment and retention of direct care workers is not unique to RI. States across the nation are grappling with the problem. One of the most comprehensive studies being done in this area is by the North Carolina Division of Facility Services[6]. A survey they conducted in 1999 found that in 42 out of 48 states contacted, aide recruitment and retention was a major workforce issue. Of the 42 states indicating this was a major workforce issue, 33 were either taking action or considering action. Types of activities undertaken by states include: wage and benefit pass throughs (16 states), other reimbursement enhancements, nurse aide career ladders, training of former welfare recipients and pilot programs to encourage aide recruitment and retention.

In November, the Division released the results of a follow-up survey to states regarding wage

supplements to address aide recruitment and retention[7]. The survey showed that a third of the 12 states responding that they had implemented a wage pass through (WPT) reported that the WPT had a positive impact on recruitment and/or retention and/or probably had some positive impact.

North Carolina has received a three year grant of $400,685 from the Kate B. Reynolds Charitable Trust to address paraprofessional and nurse aide recruitment and retention issues.

The national survey of state ombudsman programs conducted by the Paraprofessional Healthcare Institute and the National Citizen's Coalition for Nursing Home Reform found a variety of solutions being pursued by advocacy groups in 40 states to address the nursing home staffing issue.[8] In addition to wage and benefit improvements, other initiatives included adoption of changes in staffing patterns, improvements to CNA training and supervision and incentives to promote improvements in the nursing home workplace culture. Nine states have been able to access Civil Monetary Penalty (CMP) funds to support new programs on CNA training, supervision or management. CMPs are levied against facilities by the federal Health Care Financing Administration usually following a state agency's finding of serious deficiencies in certain areas of nursing home regulations. The funds are distributed back to the state Medicaid agencies. According to HCFA officials there is wide latitude for the use of state's collected CMPs as long as it is for the protection of nursing home residents.

In New England, Connecticut, Maine, Massachusetts, and New Hampshire have all implemented some form of a direct care wage pass through. The Massachusetts initiative, passed as part of the FY2001 budget, is the most comprehensive program to address the CNA recruitment and retention problem. It includes: a $35 million wage pass through for CNAs, $5 million for CNA career ladder grants, $1 million for a scholarship program for certification for new CNAs, and $1 million in training and basic education for prospective CNAs. Connecticut passed legislation in 1999 calling for $200 million over two years for CNA wages and staffing.

A review of the professional literature found recurring references to a set of non-monetary strategies or "best practices" being explored to address nursing assistant recruitment and retention. One recommendation is to improve training for new recruits to include extended formal training and on-the-job training that includes communication, self-management and interpersonal skills.[9]

Career ladder programs are seen as one way to address the view that the nursing assistant job is a dead-end one with no opportunity for upward mobility. Facilities can design career ladder programs in many ways. Typically they offer additional training, often in concert with a local community college, that leads to higher levels of the nursing assistant ladder, such as senior nursing assistant and senior nursing assistant coordinator. The Masonic Geriatric Health Care Center in Wallingford, CT, which instituted a three-level CNA career ladder program in the mid 1990s reported a significant reduction in turnover.

Initiatives to increase peer support have also been demonstrated to contribute to increased worker satisfaction and decreased turnover. These practices include the use of peer mentors, nursing assistant support groups and efforts to increase staff integration through staffing assignment methods.

Job redesign is yet another strategy being used by nursing homes to reduce aide turnover. This could include experimenting with different models of supervision that focus on bringing the CNA more into the decision-making process and the creative use of nursing teams.

One research program conducted by the Iowa Caregivers Association that incorporated several elements of these best practices found a reduction in the CNA turnover rates in the

participating facilities.[10]

Another promising initiative, Wellspring Innovation Solutions, Inc.,

was first developed in 1994 by an alliance of 11 nonprofit nursing homes in Wisconsin to improve the well-being of nursing home residents by improving care and reducing staff turnover.[11] Utilizing a geriatric nurse practitioner as a shared resource, the model offers staff training on nationally recognized clinical guidelines, develops care resource teams on which nursing assistants play a prominent role and helps management staff learn to adopt a coaching and mentoring style that is consistent with empowering frontline staff. An evaluation of the project is currently underway.

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5. Rhode Island Initiatives

In the spring of 2000 the Direct Care Task Force, which comprised the RI Health Care Association, the RI Association of Facilities and Services for the Aged and the Alliance for Better Long-Term Care, issued a report detailing the problems in recruiting and retaining CNAs. Subsequently, the Task Force called on the Governor and the general assembly to adopt a $30 million compensation pass through initiative that includes accountability measures to ensure the funds are used only for direct care staff compensation. If the funds are not used for this purpose they would be refunded back to the state. Legislation to accomplish the pass-through by amending the statutory principles of reimbursement is being submitted to the 2001 legislature. See Appendix IV for a copy of the legislation.

The Study Group found that several RI nursing homes are implementing CNA career ladder programs and other initiatives to address the CNA recruitment and retention issue. Evergreen Health Center has had a career ladder program with three levels for several years, offers 100% tuition assistance to staff seeking advanced training such as med tech, LPN and RN education, and is currently working with CCRI to offer English as a second language courses to help employees improve communication skills in languages spoken in the facility. CARELINK, an eleven member partnership of health and community organizations, has designed a career ladder curriculum for its member agencies. Cherry Hill Manor is instituting a career ladder program for its CNAs and just this month graduated its first class of Level II CNAs. Cedar Crest Nursing Home offers 100% tuition assistance. As the Study Group did not survey all nursing homes, the above initiatives are examples only and not intended to be an inclusive list of efforts in this area.

At the state government level, the Department of Human Services offered a technical assistance program for home care providers this past January to share "best practices" among industry members in implementing performance standards. Expansion of these types of workforce improvement initiatives should be promoted with the assistance of state and private resources.

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6. Recruiting and Training Minority- Bilingual CNAs

Rhode Island has a high proportion of elders whose primary language is not English. A 1993 report published by DEA found that almost one quarter of persons over 65 spoke a language other than English as their primary language at home. Moreover, about 16 percent either did not speak English at all or did not speak it well. When 2000 census data becomes available we will have a more updated picture of our elders language patterns.

Recruiting direct care workers who are bi-lingual and also familiar with cultural differences is extremely important to providing quality long-term care for minority elders. One work group member who operates a home care agency with considerable experience in caring for minority, non-English speaking consumers and employing minority caregivers reported that some minority candidates with excellent clinical skills have difficulty taking the CNA test due to language problems. The state Department of Health should review this situation to ensure that the testing process does not present a barrier to certification for such individuals.

The American Health Care Association (AHCA) has estimated there is a need for an additional 250,000 CNAs.[12] Recognizing that immigrants to this country are a potential source to fill this direct care worker shortage, they recommend that Congress enact a new visa category that allows essential workers to enter the country to fill openings that are not seasonal or temporary. There is currently no visa category that addresses this need for essential workers. AHCA suggests this new visa category should be targeted to critical shortage areas such as long-term care.

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Conclusions and Recommendations

Conclusions

RI nursing homes are in the midst of a crisis in recruiting and retaining an adequate number of CNAs to provide quality care for the 10,000 residents entrusted to their care. Moreover, projections are that, at a minimum, an additional 567 CNAs, home health aides and personal/home care aides (new or reactivated) need to be recruited into the field each year for the next seven years to meet the anticipated increase in demand. (This figure is based on Department of Labor data allowing for a replacement factor.) Thus, the crisis will clearly worsen if steps are not taken immediately to address the situation.

Recruiting and retaining CNAs requires a comprehensive and multi-pronged strategy. First, wages at both the entry level and for experienced workers need to be increased to a competitive level. The external rewards (wages and benefits) for choosing and keeping the CNA position must be such that they will be perceived as an attractive economic choice.

The Direct Care Task Force recommended, and the Study Group agrees, that an increase in state reimbursement to nursing homes for Medicaid paid days should be increased to a level that allows wages paid to CNAs working in privately-operated nursing homes to be competitive with wages paid to CNAs working in state service. If we fail to effect an increase of sufficient magnitude, it is likely our efforts to recruit and retain persons into the field will not succeed over time. The $30 million compensation pass-through proposal put forward by the Direct Care Task Force will provide nursing home operators with the funds to increase compensation by enhancing wages and/or benefits. As each nursing home operates independently, homes will have to tailor their enhancement programs to their individual compensation packages for direct care staff. The compensation pass-through program must incorporate adequate accountability measures to ensure that the funds are used for direct care staff compensation. It must also include a provision that requires providers to collect data on turnover rates and vacancy rates to determine the effectiveness of the increased compensation initiative.

Improving the CNA workforce environment is the second component of the strategy. While increased wages are a primary tool for recruiting CNAs, retaining them requires more than just increasing their monetary rewards. The Study Group found examples of CNA workforce development initiatives around the country that have produced promising results in reducing

CNA turnover. Some RI nursing home administrators are implementing similar programs. These "best practice" efforts should be encouraged by the state and their dissemination and replication fostered through state financial support.

The Study Group recognizes that efforts to improve compensation and working conditions for CNAs in nursing homes will invariably have a spin-off effect on other sectors of the long-term care industry. To avoid negative consequences on other long-term care providers who rely on state government funding, the state should provide additional resources to allow these providers to remain competitive.

A strategy aimed at recruiting and retaining CNAs must ensure that CNA training programs are accessible and affordable for those wishing to pursue this career option. Operating a CNA training program at the individual facility level can be very expensive. While CCRI provides CNA training, the scheduling of classes is subject to the availability of grant funds and tuition. Establishing a steady source of funds through a state appropriation to CCRI will allow them to run CNA training programs on a continuous cycle. A state appropriation could also include funds to provide scholarships to "non-welfare" low-income persons who cannot afford tuition. In addition, by establishing an Advisory Committee for the program, CCRI could serve as the focal point for coordinating and enhancing training programs across the state. The Advisory Committee could also explore and make recommendations concerning the adequacy of current training requirements.

Studies show that the majority of CNAs do not desire to pursue a professional nursing education program. However, for those that do, it would make sense to explore granting college credit for the basic CNA training program. Perhaps a generic "beginning health occupations" credit could be granted that could be transferred to nursing and other allied health educational programs. Even if a CNA is not planning to pursue higher education, providing an opportunity to obtain college "credit " or a collegiate-granted certification is internally motivating and may serve to enhance an individual's self-esteem and perception of the CNA position.

Finally, a comprehensive strategy for addressing the CNA shortage, must also include attempts to eliminate other identified barriers to CNA certification and employment such as language issues and lack of child care.

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Recommendations

1. **Improve CNA compensation (wages and benefits) by adopting the following:**

   1.1. A nursing home direct care compensation pass-through of at least $30 million (state and federal) with accountability measures as proposed by the Direct Care Task Force with allocation mechanisms to be determined by the effected parties. The new funding will be used to the extent permissible by law for direct care staff.

   Cost Estimate: $14.1 million (state)

   1.2. A home care provider rate increase of $3 per hour with accountability measures to be determined by the affected parties. The Study Group suggests that of the $3 per hour rate increase, 87% ($2.61) be provided as a compensation pass through to CNAs (home health aides) and 13% ($.69) be retained by the provider agency to pay for the increased payroll taxes and workers' compensation insurance costs associated with the increase. Cost estimate: $1,690,000 (state)

1.3. Adequately fund all other providers that employ CNAs through establishment of COLAs as recommended in legislation requested by the Long-Term-Care Coordinating Council to institute a mandated five percent COLA for all long-term care providers except nursing homes (which already have a mandated COLA) for FY2002. Thereafter, the COLA will be based on an index to be determined by the purchasing departments in consultation with provider representatives.

1.4. All long-term care providers who participate in state-funded programs shall collect and report annually on turnover and vacancy rates for direct care staff in accordance with reporting provisions developed by the state contracting/purchasing entity.

2. **Provide an ongoing source of funding for CNA training and retraining to ensure an adequate pool of qualified nursing assistants to care for Rhode Islanders with chronic care needs across the long term care service system.**

   2.1. Implement the CCRI CNA Workforce Development initiative. This will include four components: training, re-engagement of inactive nursing assistants, re-training and testing. Training will take place both at on-campus and off-campus locations such as nursing homes and home care agencies. This program is not intended to displace those non-proprietary programs that offer intense specialized support services and training to students funded by state agencies. (An outline of the CCRI CNA Workforce Development initiative proposal is found on page 17.)

   Cost estimate: $208,000

3. **Establish pilot or demonstration workforce redesign program/s specifically targeted to enhancing employee satisfaction and CNA retention. These demonstration programs could be used as "best practices" for replication by other long-term care providers. Potential funding sources include Civil Monetary Penalty (CMP) funds, grant funds from Human Resources Investment Council, and other grant sources.**
4. **Develop standards for CNA career ladders and explore college credit for training.**
5. **Develop tuition assistance program for CNA training for low-income persons not eligible under Family Independence program** (Note: this is part of the funding recommended in #4 above).
6. **Explore ways to facilitate training and certification for persons whose primary language is not English.**
7. **Develop a Database on both quantitative and qualitative CNA employment issues using HEALTHs biennial certification/registration process.**
8. **The Long Term Care Coordinating Council working in collaboration with appropriate state agencies shall provide technical assistance in disseminating best practices to providers on CNA workforce development issues.**
9. **The Department of Human Services should encourage child care providers – through the use of incentives and other mechanisms – to collaborate with long-term care providers to address gaps in the child care delivery system that serve as barriers to CNA employment.**
10. **Support the GACH recommendation calling on the state to establish a strategy for predicting current and future health care workforce needs and identifying methods to meet those needs.**

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State Appropriation for CCRI for CNA Workforce Development

Purpose:

Provide an ongoing source of funding for CNA training to ensure an adequate pool of qualified nursing assistants to care for Rhode Islanders with chronic care needs across the long term care service system. The CCRI CNA Workforce Development initiative will include four components: training, re-engagement of inactive nursing assistants, re-training and testing.

Training will take place both at on-campus and off-campus locations such as nursing homes and home care agencies. This program is not intended to displace those non-proprietary programs that offer intense specialized support services and training to students funded by state agencies.

Targets:

- Train 350 new CNAs per year
- Retrain 150 per year

Additional components:

- CNA image enhancement
- Development of career ladders
- Training of healthcare professionals
- Linkages with allied health program for further career opportunities and potential for college credit
- Coordination with other CNA training activities
- Advisory Committee to include members of state agencies, training programs, providers, licensing boards and CNAs as appropriate

Cost: Staff: $240,000

((4) FTEs: One RI Coordinator, two RN Instructors, one staff assistant, Faculty adjunct hours)

Operational: $38,000

Supplies, equipment, travel, advertising

Miscellaneous: $32,000

(staff recruitment, professional development, tuition assistance)

Total Cost: $310,000*

Net estimated revenue: $102,000 (tuitions, testing and other fees)

Funds Needed: $208,000

*Note: some of these funds are for one time only costs. Future year costs will be reduced.

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Endnotes

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4. www.dlt.state.ri.us/webdev/lmi/2000OESStatewide-2000 Edition-Occupation Wage Statistics Statewide
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6. *Comparing State Efforts To Address The Recruitment And Retention Of Nurse Aide And Other Paraprofessional Aide Workers*- North Carolina Division Of Facility Services, September 1999
7. *Results of a Follow-Up Survey to States on Wage Supplements for Medicaid and Other Public Funding to Address Aide Recruitment and Retention in Long Term Care Settings* - North Carolina Division of Facility Services, November 2000.
8. *National Survey On State Initiatives To Improve Paraprofessional Health Care Employment* – Paraprofessional Healthcare Institute Survey Of Nursing Home Staffing , October 2000
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11. *Promoting Quality in Nursing Homes: The Wellspring Model* - Institute for the Aging Services, American Association of Homes and Services for the Aging, January 2001
12. www.ahca.org/brief/nr001005

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9. *Registration of Nursing Assistants* – Rhode Island Department of Health, Division of Professional Regulation, February 2000.
10. *Health Care Workforce Issues in Massachusetts* – Massachusetts Health Policy Forum, June 2000.
11. *Direct-Care health Workers: The Unnecessary Crisis in Long Term Care* – Domestic Strategy Group of the Aspen Institute, September 2000.
12. *State* of Massachusetts FY01 BUDGET (EXCERPTS RE CNA/NURSING HOME INITIATIVE

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